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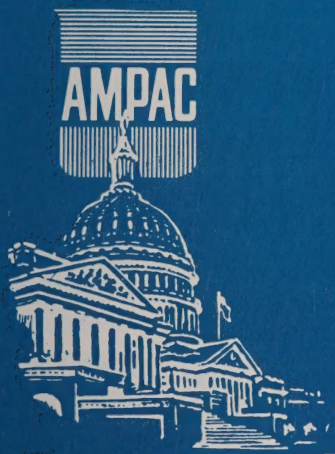

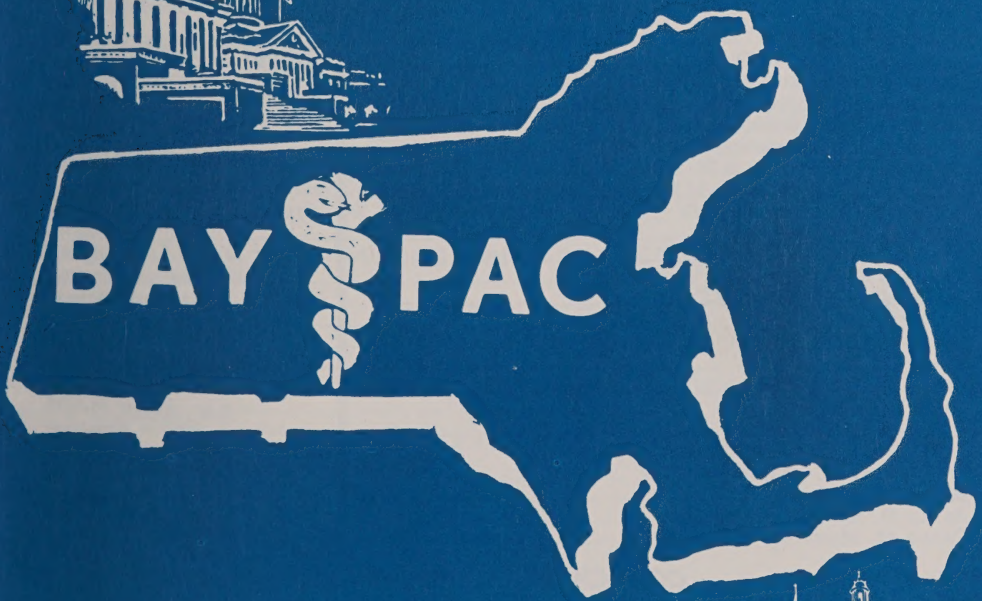

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THE HAMPDEN HIPPOCRAT
·1942·

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Editorial . . .

OF CREDITS AND DEBITS

It must be obvious to all physicians, even the most obtuse, that, like it or not, we are all involved in politics. Witness the ever growing number of bills introduced each year into the Congress of the United States and the state legislatures which directly, indirectly, or even tangentially would tend to influence the practice of medicine. Some become the "law of the land", and fortunately many do not. Some are good; some are bad. Some are slanted toward vested interests, and some are sincerely presented as "reforms" for the common good. Who considers these bills, and who makes them into laws? There are those who would say *politicians.* There are those who would say *legislators* duly elected through a democratic process and consisting of a cross-section of the American public. Although heavily weighted with members of the legal profession, one can indeed find amongst the lot a great variance in the social gradient that makes up our present day society. Moreover, these legislators must make decisions that require broad and deep understanding of matters whose spectrum entails the many and varied problems of our complex, conflicting society. Not even the wisdom of Solomon could even begin to cope therewith. How then do these legislators make decisions?

DECISION MAKING

Decisions are made not on the merits of the issue alone but also on such factors as the party's position, the voting constituents' position, the publicity potential of the issue, the "cutting taxes" appeal, the personal vested interest, the position of various influencing groups, and the trade-ability of the stand taken. The last is what makes for one of the foremost principles of the art of politics. To quote: "Politics is a game of credits and debits, and the successful politician is the one who, at any given moment has more credits than debits." To put it another way, he who renders more favors than he receives is more apt to be successful because obligations can be cashed in hopefully at one's pleasure.

THE IMPLICATIONS

Curiously this principle is not unique to the art of politics alone; it is pursued in almost any and all walks of life. If this be so, then we are all – individually and collectively – politicians to a greater or lesser degree. Even the "holier than thou" purists who would decry politics as being a dirty game are not above using the same ploy with varying degrees of gentility, coyness, and an air of sans reproche. Let's be

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honest, realistic, and practical! We are all politicians in that we all play the game of credits and debits. Our legislators are practical realists, and we physicians must also be so.

BUILDING UP

If we physicians are to build up our credit balance with our legislators so that we can fare better in legislative justings, then we must change our ways by working for and with our legislators as well as opening our pocketbooks. We must not pontificate to nor be contemptuous of politicians, for these actions merely antagonize. We should cultivate our legislators individually and in groups on their grounds as well as ours. Praise and kudos with appropriate publicity must be granted for deeds well done whether for our or the common good. Assistance in the form of garnering campaign funds and working during the campaign for our chosen candidate must be rendered. The personal touch rather than the impersonal must always take precedence. Legislators ignore the impersonal and have their own "hangups" on canned "throw aways" even as physicians do. Personal physicians of legislators can be of great influence. Someone once said: "The most powerful lobby in the world could be organized around the personal physicians of the legislators of our country." This has not taken place and hopefully never will for it verges on the unethical. Lastly, physicians must shed the cloak of seemingly always being identified with "hold the line" positions, being against something or other, and being part of a "discordant claque of competing vested interests." Surely, physicians can be progressive, for something, and positive even if it is outside of the field of medical practice.

We physicians can dally no longer in building up our credit balance with our legislators – individually and collectively. We are all politicians! We are all in politics! Let's all get involved and join AMPAC and BAYPAC for openers.

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A DECADE OF ACCOMPLISHMENT

by
HOYT D. GARDNER, M.D.
CHAIRMAN, BOARD OF DIRECTORS, AMPAC

Last November, AMPAC formally celebrated its Tenth Anniversary at a gala dinner in New Orleans. More than 1,000 people joined in this celebration.

Ten years of existence is not much for a child, only a start for a marriage, and hardly more than a beginning for a political action movement.

Yet those ten years have been packed with action, growth, excitement, and accomplishment for the organization that resulted from imaginative planning in 1961.

During our short span we have been precocious as we learned and applied what we learned to the inexact arts of politics and government. But precosity is not surprising if we recall that some of the brightest stars in organized medicine lent us their leadership and that all of us – leadership or rank-and-file – brought to medicine's new organization the qualities of resolution, dedication to a cause, belief in our purpose, and the conviction that the future was ours to make if we worked at it long enough and hard enough.

Let us tell you a little, therefore, of this past decade's performance. And if we verge on immodesty at times, understand that we are less abashed for it because *you* share in *our* accomplishments.

First, let's talk about the "lifeline" of any political action movement – membership.

It has doubled, and doubled again, and doubled once more since we opened our doors in 1961.

We have known since the beginning that the number of members we had was a direct measurement of acceptance of our effort and belief in our cause. We knew that if we grew larger, it reflected your support. Without that knowledge, we could have gained no strength, had no viability.

Our 1971 membership figures have just been tallied and we have for the fourth consecutive year, established a new membership record! Our most optimistic leaders never envisioned our phenomenal growth.

This is not the result of a sudden burst of activity in one or two states. Twenty-eight state PACs actually improved on membership over last year.

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Fifteen established all-time membership records in 1971. This is all the more remarkable because 1971 was a so-called "off" election year.

Our members contribute voluntarily to AMPAC and their state PACs. The more members we have, the more dollars they make available to the movement for hard-headed apportionment to this year's candidates for office.

And so membership is, of necessity, our first priority in *any* year – *on* year, or *off*.

But our second priority, the success of which is conditional upon the first, is candidate support.

Knowing that this is an election year, we have been gearing for more than a year to line up our resources for the battles that lie ahead.

A significant amount of this year's voting will hinge on what has been done long before the first candidate formally declares his candidacy. We see this pre-campaign activity all over the country. We would be asleep at the switch if we did not join the scene early and help with the spade work.

For instance, basic research for many of this year's campaigns has been under way for months. So is the increasingly demanding task of funding the races that will take place in the fall. The balloons are going up already, the candidates-to-be are seeking exposure, the battle plans are already being drawn. The incumbents are looking homeward; some have started on the biennial fence-mending; and the challengers-to-come are already practicing the lyrics of the Lorelei in preparation for future public appearances before the voters.

This year's election is complicated by redistricting, as well. Redistricting has now taken place in 23 states; and 18 others are coming to grips with it. The process is complex, confusing, and apt to become more so.

The body politic – at almost any time in history – can be made healthier through intelligent diagnosis and certain proven therapies. These times are no exception. The American body politic, always healthy in direct proportion to the amount of care it receives, will inevitably profit from the ministrations of concerned, dedicated citizens. The PAC movement is comprised of just such people.

Physicians have never shirked their professional obligation to the patient. And they are not shirking it now in their attention to this civic patient – the body politic.

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POLITICAL ACTION — A STAKE IN OUR NATION'S AFFAIRS

by
WILLIAM L. WATSON,
EXECUTIVE DIRECTOR
AMPAC

What's medicine's political action movement all about? It doesn't matter what you call it: civic obligation, enlightened self interest or concern for good government.

We like to refer to it as political involvement. There is an absolute necessity for it – not just one day every two years, or a small contribution annually, but a constant devotion to and involvement in the day to day affairs of government.

The nation's physicians learned long ago that you cannot depend on elected officials to act wisely unless you are an integral part of the election process to help elect wise men.

Political action is simply what the two words imply – action taken within the political arena with the purpose of affecting the outcome of an election. It requires that a group of people, allied through a common interest, go to the aid of the chosen political party or certain selected candidates thereof. The aid to be provided consists of financial support, volunteer work in the campaign, or both.

Group political action is, however, circumscribed by Federal law. A business, for example, cannot contribute funds to a candidate for Federal office. Neither can a labor union donate the funds it amasses from the collection of dues to such a purpose. But a voluntary, non-profit, unincorporated group of similarly minded people can, if they wish, collect voluntary contributions and distribute the proceeds to any candidate they choose.

Many attempts were made by the medical leadership to rally their colleagues into some form or other of political-action. It was usually done on a crises-oriented basis and soon forgotten when the crises had passed.

Nothing really happened until 1961 when the medical profession launched its own political action movement. The American Medical Political Action Committee – AMPAC – was formed on a voluntary, non-profit, unincorporated organization, whose purpose was to help the members participate effectively in public affairs, further their political knowledge, and develop the means for

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concerted political action.

Recognizing the able, intelligent candidates are to be found within the ranks of both political parties, AMPAC is resolutely bipartisan. This is reflected in its membership, which, incidentally, has built dramatically each year.

Autonomous political action committees are effectively working in each of the fifty states as well as in the District of Columbia and the Virgin Islands. In Massachusetts, the state political action committee is known as BAYPAC, in Connecticut, COMPAC, in New York, EMPAC, etc.

HOW IT WORKS

Candidates are chosen by PAC members at the local level on the basis of political principles, chance to win, the need for assistance and many other factors. The PAC members within a Congressional District then embark on a venture to form a candidate support committee hopefully utilizing members of both political parties. They raise money and provide services, within the framework on the campaign, to the candidate selected.

If additional help is needed, the candidate support committee applies to the state PAC, which has the prerogative of approving or denying the request — political realism governs that decision. But assuming the state PAC agrees that the candidate is in a close race, needs more money, and should be helped, it honors the request to the dress that it is able. If still more supplementary financial help is required, it is requested of AMPAC, which reviews the case and arrives independently at its own decision.

AMPAC is involved primarily in races for the House, and to a lesser degree to campaigns for the United States Senate. The State PACs, although similarly oriented to Congressional contests, increasingly involve themselves in campaigns for the state legislatures.

At the national level, AMPAC seeks to provide coordination, liaison and political training for its members. In terms of this training, a variety of political education programs is made available for use by PAC members at every level. Courses in precinct action, films on politics, pamphlets on how to form political opinion, a membership periodical, exhibits: these are some of the materials AMPAC produces and disseminates. In essence, this sort of political education is comparable to the programming done by many of the public affairs departments of the nation's largest corporations.

Does this over-all approach work? It does indeed. AMPAC is now second only to labor in the total of its dollar support to Congressional candidates. And AMPAC's files are filled with testimonials from political candidates who believe that the margin between their defeat and victory at the polls was provided by the combined effort of physicians and their wives.

In these troubled days when Congress is called upon to consider a plethora of bills involving the nation's health, medicine clearly has a gigantic stake in the election of intelligent men and women who will at least listen to both sides of an argument before they make up their minds.

Medicine s PAC movement is helping to assure the election and re-election of such people, recognizing that legislative arguments minus candidate support often equal futility squared.

Other groups have followed the lead of AMPAC and many of them are effective organizations that constitute a force of growing importance in United States politics.

If you have not been involved, "try it, you'll like it". It may turn out to be one of the most rewarding experiences of your life!

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UNITED OR DIVIDED?

by
JAMES D. ALLAN, M.D.
CHAIRMAN, BOARD OF DIRECTORS
BAYPAC

While the eminent Dr. Knowles is writing his "Mein Kampf" on American medicine and the AFL-CIO is using its political muscle to enact the Health Security bill submitted by Senator Kennedy, the need for AMPAC on its 10th anniversary should be obvious to all physicians. However, our attention to the multiple legislative problems here in the Commonwealth cannot be put aside. Thus, BAYPAC will work with AMPAC at congressional levels while exerting most of its efforts toward electing state legislators with whom our local medical community can have rapport. The tasks before us are enormous, but not insurmountable if we join together in caring how the Commonwealth and the nation are governed.

CHANGE

The ninety year old French phrase of "Let George do it" has been thoroughly overworked, but it is an idiom which applies to the 44,000,000 Americans who failed to vote in the election of 1968 when President Nixon won by a mere 510,000 votes. Perhaps, this philosophy holds true for many in the medical profession since treatment of the ill and injured is a demanding and extremely time-consuming occupation, to say the least. Nonetheless, change is the nature of society and we all have to begin looking beyond the four walls of our office or hospital since the health care of our patients will be markedly affected by pending legislation.

Theodore Roosevelt is quoted as saying: "It ought to be axiomatic in this country that every man must devote a reasonable share of time to doing his duty in the political life of his community. The first duty of an American citizen, then, is that he shall work in politics. If you are too timid or too fastidious or too careless to do your part in this work, you forfeit your right to be considered one of the governing and you become one of the governed instead – one of the driven cattle of the political arena."

Over the past forty years, political changes in this country have constituted a "bloodless revolution" born of a complex, heterogeneous society. The seed of this revolution was planted by Al Smith and germinated by Franklin D. Roosevelt ("The Future of American Politics" by Samuel Lubell). The changes were profound and completely reversed the forces which elect our public officials, who are themselves swept up in a tide of change. Even the most conservative and isolationist elements of our society must consider this if they are to survive. The medical profession has to recognize the needs of today and the challenges of tomorrow. Health planning is with us now, and it is our duty as physicians to pick up the torch and lead the way. The American people deserve our best efforts. Therefore, it is imperative that we strengthen the AMA, the MMS, and their affiliated PAC organizations.

The American Medical Association and its various state societies were essentially a non-political entity until the Medicare program developed with considerable "ground roots" backing. It was a program the American people wanted and Congress enacted it. Medicaid was passed at the same time to become the most malignant health law enacted by any Congress. They have become major factors in our practices. Now there are strong forces who wish to completely socialize medicine and perhaps, make Dr. Knowles the administrator. Yet most physicians have pulled back into their own tight shells and give little or no consideration to electing those who would govern us. In staff rooms and hospital cafeterias words of wisdom are

muttered, but rarely do we act as a coordinated and effective group force. Only this kind of action will identify us with the legislators who seek our opinions.

TURN ON

Professional societies are barred by law from supporting individuals for elected office. We are all aware of the expense and effort required. Thus, the need for BAYPAC (Bay State Physicians Political Action Committee), which was voted into existence by the Executive Committee of the Massachusetts Medical Society "to assume a more active and effective role in public affairs." The Society and its Districts need a strong right arm in political affairs. During this critical period when health legislation is making its tortuous way at national and state levels, those who govern us should know who we are and what we stand for. They should recognize us at a political entity and realize our deep concern for the general health and welfare of all. Physicians can no longer hide behind the cloak of individualism, each treating a miniscule number of our huge population, while remaining insensitive to the pressures of public opinion shaping about us. Our collective apathy must be turned into a patriotic and united effort to maintain American medicine as the finest in the world which, if we permit it, can be decimated by governmental bureaucracy;

"Politics" can no longer be considered a dirty word by physicians who wish to maintain self-determination in a democracy. We must help elect the best people to govern us and those who share our particular concern that the health care of our patients shall not be jeopardized by bad legislation. Our public officials must be people of the highest integrity who are willing to reason with physicians over problems of public concern. Therefore, I implore you to consider joining with many of your colleagues in BAYPAC who intend to work together as a driving force for the election of the best qualified people in the 1972 elections.

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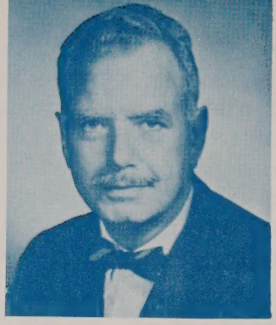


THE AUSTRALIAN ANTIDOTE

by
H. THOMAS BALLANTINE, JR., M.D.
PRESIDENT, MMS

In 1946 the Labor Government of Australia obtained passage of the Pharmaceutical Benefits Act as the first of a series of measures designed to nationalize the delivery of health services. This act provided for free drugs from a Government formulary to every citizen if the prescription came from a registered physician and was written on a Government form.

The Australian medical profession objected and finally refused to use the forms; whereupon, the Government amended the act to make it illegal for a physician to prescribe any drug for any patient unless the official prescription blank was used. Sounds familiar, doesn't it?

CHALLENGED

However, the Australian physicians challenged the Government in the High Court of Australia. After months of legal argument the Court found in favor of the physicians. A key point in the decision was the XIII Amendment to the Constitution of the United States which says in part, "Neither slavery nor involuntary servitude . . . shall exist within the United States . . ."

The Court held that the Government had in effect said to the physicians: "Unless you prescribe for your patients on our terms, you will be unable to earn a living" and that this is a form of involuntary servitude which a free society cannot tolerate.

In 1949 the Labor Government faced a general election, and mindful of the vote-winning potential of promising unlimited health benefits, embraced once again the concept of State Medicine.

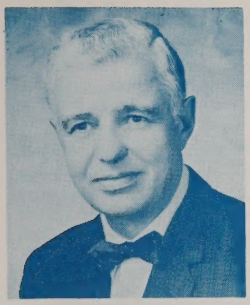
The Australian medical profession was now alert and in a fighting mood. It raised an "independence fund" and used every available communications medium to attract public and political support for the view that the delivery of medical care should not be dominated by the State. This key issue led to the defeat of the Labor Government. A political party was put in power with which the physicians could cooperate on a basis of a policy of a partnership for health between government and medicine.

Sir: Angus Murray, President of the Australian Medical Association in 1966, was quoted as follows: ". . .If asked to decide on the most outstanding factor in our defeat of the Labor Government, I would say it was the support of the public – of our patients – who in no uncertain fashion indicated that they did not want a disruption of the existing doctor-patient relationship. I feel that it is no use fighting any government unless assured of public support."

FOLLOWING SUIT

The MMS has been working diligently to build a broad base of public confidence and support, although the key ingredient of this effort is the day to day physician-patient relationship. Moreover, public support has no real impact if the politicans are not made aware of the determination of the medical profession to have a voice in its own destiny.

We have in BAYPAC the means for gathering and utilizing effectively an "independence fund". BAYPAC can coordinate the vital involvement of physicians in the arena of politics. Distasteful as it may be to us all, the delivery of medical care is a key political issue in 1972. Support BAYPAC with words, deeds and dollars.



President's Page

JOIN!

In our democracy enlightened men, often of "grass root" origin, are elected to high offices of our government. Although, quite often they vote in Congress or in the state legislatures as their consciences dictate, most often they vote according to the dictates of their constituents. Until recently, congressmen, senators and state legislators have been in the habit of consulting physicians amongst their constituents for advice in planning health legislation. However, with the onset of the "knowledge explosion" physicians have found themselves in arrears in the planning stages of health legislation. So it was that thoughtful physicians took more interest in politics some 15-20 years ago. The AMA found itself impotent in tangibly influencing politicians. Federal law prohibits such organizations as the AMA, labor unions and incorporated bodies to contribute to campaign funds of candidates for Federal offices; and state laws prohibit contributions to candidates of state offices. With this as a background and following the successful practices of the AFL-CIO Political Action Committee, the American Medical Political Action Committee – AMPAC was formed. Shortly afterward, state PAC's were formed. In Massachusetts, the state committee is called BAYPAC, in Connecticut it is called COMPAC, etc. Since these are unincorporated associations of citizens, they are permitted to contribute financially and do volunteer work to elect politicians to office.

AMPAC and BAYPAC are discussed in more detail elsewhere in this issue of *The Hampden Hippocrat.* Suffice it to add here that AMPAC is concerned more with Congressional candidates while BAYPAC and other state PAC's are concerned primarily with elections of state legislators. AMPAC has a tremendous influence in "lobbying" for or against issues primarily in Washington, but it can also "lobby" in state legislatures. While AMPAC is also in a position to help the election of suitable candidates to office, it is the state PAC that actively engages in helping candidates in their campaign for election to governmental offices.

It is not the desire nor the intent of physicians to help to elect into office "rubber stamp" legislators. Rather, it is our desire to help place into office legislators regardless of their party affiliations who will look into both sides of an issue.

As responsible citizens it is our duty as well as our privilege to participate in the election of our public officials. The assistance that we give as individuals both financially and in voluntary work in helping a candidate to office is tremendous, and we must do so individually. Yet at the same time the assistance that organizations such as BAYPAC and AMPAC give packs a tremendous wallop. It behooves each of us to join BAYPAC, and in turn AMPAC. It costs so little, yet accomplishes so much!

John J. Bandeian

John J. Bandeian, M.D.

BAYPAC — For Effective Coordinated Political Action

(1) **WHAT IS BAYPAC?**

The Bay State Physicians Political Action Committee is a voluntary, non-profit, unincorporated group whose membership consists of physicians, their wives, the members of their immediate family, and others.

(2) **WHY WAS BAYPAC ORGANIZED?**

To meet an unmet need — the need of providing the medical profession with an opportunity to assume a more active and effective role in public affairs. BAYPAC's dual role is (a) to help its members understand political issues; and (b) to organize them as an effective political action group.

(3) **IS BAYPAC AFFILIATED WITH EITHER MAJOR POLITICAL PARTY?**

No. It is not bound by Democratic or Republican party labels. The program and platform of the individual candidate will determine whom BAYPAC supports — *not* the candidate's party affiliation.

(4) **WHO DIRECTS BAYPAC's ACTIVITIES?**

BAYPAC's Board of Directors, made up of not more than 35 members, at least one of whom is a member of the Woman's Auxiliary to the Massachusetts Medical Society, and at least three-fourths of whom shall be Doctors of Medicine. No director shall serve for more than five years.

(5) **IS BAYPAC A PERMANENT ORGANIZATION?**

Yes. The impetus for BAYPAC came from physicians and others who wished to expand their knowledge of government and their activities in the field of political action. BAYPAC's members are profoundly interested in making their organization an effective, year-in-and-year-out operation. Experience has demonstrated beyond argument that one-shot, one-issue membership programs for political education and action accomplish little; and that political effectiveness depends upon a knowledge by the individual and group of current issues, and continuity of their participation in political affairs.

(6) **WHAT IS THE RELATIONSHIP BETWEEN BAYPAC AND THE MASSACHUSETTS MEDICAL SOCIETY?**

BAYPAC will function independently of all medical organizations and societies — national, state, and local. However, the directors of BAYPAC are appointed yearly by the Executive Committee of the Massachusetts Medical Society. Further, the Massachusetts Medical Society and other incorporated medical associations are free to contribute to BAYPAC — but only to its educational, *not* political, activities.

(7) **WILL BAYPAC's EDUCATIONAL AND POLITICAL ACTIVITIES DUPLICATE, OR WORK AT**

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CROSS PURPOSES WITH THE ACTIVITIES OF SIMILARLY ORIENTED POLITICAL ACTION ORGANIZATIONS?

No. As a state organization, BAYPAC will supplement — not supplant — the programs now being carried out by such organizations. BAYPAC, by providing a means through which physicians can concentrate their material resources in an effective manner, will therefore prevent duplication of effort within the profession while strengthening action programs presently in effect.

BAYPAC's members should remain active in the political party of their choice. BAYPAC simply furnishes the means whereby they can increase their political effectiveness substantially through combined effort.

(8) HOW WILL BAYPAC USE ITS FINANCIAL RESOURCES TO BEST EFFECT?

In three ways. First, through education. Depending upon the funds available, BAYPAC will develop and promote such programs as: analyses of voting records; reviews of national legislative issues; voter registration drives; and publication of related materials and information.

Second, BAYPAC will follow proved patterns of campaign activity. Selection of target areas will be based upon thorough analysis at the local level, review of reliable national analyses, the marginal nature of the specific district, and other pertinent factors. Support for candidates will be based upon realistic political appraisal.

Third, BAYPAC will coordinate its efforts with the efforts of those individuals and groups — medical and non-medical — who are actively engaged in programs designed to obtain good government.

(9) WILL BAYPAC's MEMBERSHIP BE LARGE ENOUGH TO INSURE THAT THIS WILL BE AN EFFECTIVE POLITICAL ACTION GROUP?

Yes. BAYPAC's potential membership is numerically substantial. But this is not the important thing, for numbers are an inadequate yardstick for measuring political effectiveness (except on election day). Remember that elections can be won or lost by relatively few votes. In the 1960 Presidential election, neither candidate received a majority vote. Although nearly sixty-nine million voters went to the polls in 166,256 precincts throughout the United States, victory was won by a hair-line margin of 112,881 — less than one vote per precinct.

(10) HOW CAN YOU AND THE MEMBERS OF YOUR FAMILY JOIN BAYPAC?

Membership is available by direct application to BAYPAC. Since this is designed to be a permanent program, you may expect to be contacted each year relative to annual dues.

BAYPAC membership dues are $20, which include membership ($10) in AMPAC (American Medical Political Action Committee).

Send To: BAYPAC
1414 State St.
Springfield, Mass. - 01109

Enclosed is my check for $..... ($20.00 — regular membership; $100.00 — sustaining membership) covering my dues for BAYPAC and AMPAC. Since this is designed to be a permanent program, I understand that I can be expected to be contacted each year in regard to annual dues.

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THE CREDIBILITY GAP

The public has learned, sometimes the hard way, that a goodly part of what appears in the newspapers or is heard on radio and television may be lacking in truth. This may be a healthy situation overall, as it tends to stimulate people to think seriously about issues and to make up their own minds.

It has become popular to attack all sorts of things lately – the government, the welfare program, the Viet Nam war and organized medicine among others. This is apparently what the public enjoys, or at least what the news media feel the public enjoys; hence there are gleefully rushed into print such statements by politicians and others as fill this bill. Especially newsworthy are statements supposedly from the "inside" such as those from physicians critical of medicine at large.

Some organized medical groups are outraged and seek censure or expulsion of those who seem to be "turncoats". However, a cool analysis would indicate that most such writings and orations may be more for personal or political motives, and as such are not really to be taken seriously or believed. Indignant public denials serve no useful purpose, as they are considered just as political, and seldom receive the same prominence of publicity or may not even be mentioned at all.

Indeed, there may be some good in such attacks and they may be turned to advantage, even though they contain gross exaggerations, half truths and false conjectures. The result is to focus attention, and here the individual physician has his chance to set the record straight. By his daily contact with those under his care he can demonstrate that most of such accusations are simply not true. By showing that his prime concern is now and always has been the care of his patients to the very best of his ability, with financial or other rewards strictly secondary, he can do the most of all to overcome false impressions which may have been created.

If a physician wishes to speak his piece, whatever his reasons, and if he includes statements based on less than fact, that is certainly his privilege; he must answer after all only to his own conscience.

A physician or any one else has the right to express his opinions, and the news media have the right to choose what they may for presentation, and be it fair or be it unfair, this is the American way and we would not suffer it to be changed.

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Cable television has been the subject of many false, misleading and inaccurate statements; some spoken, some printed, some broadcast. Many of these statements have been made in the political arena; thus cable television is an appropriate subject for a special issue of this publication concerning itself with political education. In spite of what you may have heard, read or seen on television, cable television is a vital, needed new media of communication which promises an upheaval and an improvement over todays communications system. During the next decade, cable television and its ancillary services promises to be one of the greatest growth industries the world has ever known. The reason is simple. Cable television provides for the public, a vastly improved method of receiving a larger number of television signals.

It improves variety and quality. It gives people greater freedom of choice in their television viewing. It can provide a myriad of other services ranging from fire and burglar alarms to individual medical surveillance. Cable television can provide a complete home communications center that will ultimately put the home in touch with vast stores of information, entertainment and services. Through the enactment of State regulations and the recently announced regulations of the Federal Communications Commission, cable television has been subjected to the light of public scrutiny.

The regulations encourage the industries establishment and growth. It is logical to assume, and indeed correct, that the public wants cable television as the communications medium of the future. Communities, companies and individuals who recognize cable television's potential and foster its growth can only benefit as the public will benefit from the growth of this fledgling industry.

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THE NEXT MEETING of the SPRINGFIELD ACADEMY

will be held on
TUESDAY, APRIL 11, 1972

SPEAKER: J. Stuart Soeldner, M.D.
Assistant Professor of Medicine
Harvard Medical School

TOPIC: "CLINICAL AND HORMONAL CHARACTERISTICS OF EARLY DIABETES"

CLINIC: Providence Hospital at 5:00 P.M.

* Dinner at 6:30 P.M.
* Formal Lecture at 8:00 P.M.

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MARK YOUR CALENDAR NOW!

HDMS Annual Meeting, April 25
HDMS Executive Committee Meetings, April 18 and May 16
MMS Council Meeting, Boston, May 24
MMS Annual Meeting, Boston, May 30, 31, and June 1
American Geriatrics Society, New York, April 5-6
American Society of Internal Medicine, Atlantic City, April 14-16
American College of Physicians, Atlantic City, April 16-21
American Psychosomatic Society, Boston, April 14-16
American Association of Neurological Surgeons, Boston, April 16-20
American Academy of Pediatrics, Spring Session, San Diego, April 24-27
Tufts Alumni Weekend Meeting, Boston, April 27-30
American Society of Clinical Oncology, Boston, May 23
AMA Annual Meeting, San Francisco, June 18-22

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HDMS FEBRUARY MEETING HIGHLIGHTS

L. to R.: Robert N. LaMarche, M.D., Vice President and President Elect HDMS, and Wesley W. Hall, M.D., President, AMA.

The winter meeting of the HDMS was held on February 1, 1972, at the Storrowton Tavern, Stagecoach Barn, West Springfield, Mass. Attendance: 145 (15 attending without reservations); reservations: 162 (32 reneging on reservations.)

The meeting was called to order by President John J. Bandeian at 6:20 P.M. with the first order of business being the minutes of the December 7, 1971, meeting. These were accepted as read.

Under old business, the By-laws Committee recommended that the quorum for a HDMS meeting remain at 50 instead of the proposed 25. Inasmuch as the total membership is well over 500, to reduce the quorum would be a mistake. This committee's report was upheld.

Going on, the chairman of the Ad Hoc Committee on Foundations for Medical Care, Dr. Robert N. LaMarche, compared the differences between the three prototypes under his committee's consideration — San Joaquin, Colorado-New Mexico, and Hennepin. A tabular copy of the various criteria on which each prototype is based was distributed to the membership. Those members not present can obtain copies by requesting same from headquarters. After careful explanation, Dr. LaMarche thereupon moved on behalf of the Ad Hoc Committee on Foundations for Medical Care that the latter and the Executive Committee be empowered to form a foundation with by-laws drawn up along the lines of the Colorado-New Mexico type of plan. This was voted in the affirmative by the members present.

There being no further old business, Dr. D. Allan presented the following resolution:

"Whereas, Blue Shield, the medical service corporation sponsored by the Council of the Massachusetts Medical Society in October 1941 and incorporated under an amendment to the General Laws (Chapter 176B), has been significantly altered by amendments to the General Laws, by changes in the By-laws of the Corporation, and by

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internal policy and organizational developments; and,

Whereas, Blue Shield has grown into an immense and powerful insurance corporation with a will of its own; and,

Whereas, the original purpose of sponsoring Blue Shield, as well as accepting a reduction in usual and customary fees. was to imdemnify low-income individuals; and,

Whereas, this purpose has been replaced by various state and federal programs; and,

Whereas, it is contended that Blue Shield acts in a capricious manner while formulating rules and regulations concerning participating physicians without proper and reasonable consultation with the Council of the Massachusetts Medical Society; and,

Whereas, the Council finds itself impotent to influence Blue Shield's mode of operation;

Be it resolved, that the Massachusetts Medical Society now rescinds its endorsement of Blue Shield and, further, that the Committee to Recommend Directors of Blue Shield is hereby discharged from its duties."

The intent of this resolution is to eventually place the Mass. Blue Shield Corp. in a position where it would not comply with the enabling statute since fifty percent of the Board of Directors must be approved by the MMS Council. Hence, the corporation would have to be dissolved or reorganized in some fashion as an entity not associated with the MMS in any way. Dr. John C. Ayres made a plea that action on this resolution be tabled pending the outcome of the action being taken by the Voting Members of the Mass. Blue Shield, Inc., namely, the Executive Committee of the MMS. The latter is making a strong effort to bring about a consideration and hopefully an implementation of the following principles:

1. Elimination of Group and Non-Group Plan B.

2. Adoption of a new Participating Physicians Agreement with the inclusion of a 90 day resignation clause;

3. Payment to the patient whose service is rendered by a non-participating physician;

4. Determination of the "usual and customary fee" by using the Mass. Relative Value Study with the range of the "conversion Factor" being determined by each specialty group in conjunction with an impartial third party;

5. Increase the Board of Directory to a total of 21 by adding 3 more practicing physicians (10 physicians and 11 lay members);

6. Inclusion of all physician Board of Director members on the Central Professional Service Committee;

7. Changes in contracts, schedule of fees, and methods of determining fee or benefits be offered for sale to groups or individuals only after approval by the Board of Directors and the Voting Members of the Corporation;

8. Chairman and the Vice-Chairman of the Board of Directors be physicians – either elected or nominated by the Voting Members.

It was pointed out that should the above be implemented, then the MMS would gain some control over the Mass. Blue Shield. Control would be far better than trying to work on Blue Shield from the outside. Action to table the resolution was voted by the membership.

There being no other new business, the meeting was recessed from 7:20 P.M. to 8:45 P.M. for a social hour and a collation. Upon resumption of the meeting, Dr. Bandeian introduced Dr. Wesley W. Hall, President of the AMA, who made a presentation on various problems pertaining to physicians and the AMA (see "The Hampden Hippocrat Interviews Wesley W. Hall, M.D., President, AMA").

The meeting adjourned at 9:45 P.M.

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THE ANNUAL MEETING
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TIME:	Tuesday, April 25, 1972 Business Meeting 6:00 P.M., followed by Social Hour at 7:00 P.M. * Dinner at 7:30 P.M.
PLACE:	Chez Josef Agawam, Mass.
AGENDA:	Annual Reports of Officers and Committees Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

Setrag A. Zacarian, M.D., Secretary, HDMS

* If you must cancel your dinner reservation, please call the office before noon on April 25, 1972.

52nd *ANNIVERSARY YEAR*

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THE HAMPDEN HIPPOCRAT INTERVIEWS WESLEY W. HALL, M.D.

PRESIDENT, AMA

Through its President, Dr. Wesley W. Hall, of Reno, Nevada, the American Medical Association presented its views on a variety of topics, and just as important, listened to the views of HDMS members. In an interview held with the editors of *The Hampden Hippocrat* and including our own President Dr. John J. Bandeian, Dr. Hall displayed a genuine interest in grass-root opinions and seemed most interested in improving communication between the Chicago office and county or district societies. He listened at least as much as he talked and proved to be a most amiable personality whose warmth and sincerity made the interview a most pleasant exchange of ideas.

REGIONAL MEETINGS

Indicating that conditions vary widely in different sections of the country, Dr. Hall proposed the idea of regional meetings to get ideas from members in various localities. Just as gasoline stations may be as much as 100 miles apart in his area of the country, while they may be closely clustered together in heavily populated states like Massachusetts, so too medical facilities may vary widely and the needs may differ greatly in different sections of the country. He proposed seven regional conferences as a better way to reach the membership than the present two national meetings annually. When it was pointed out to him that many physicians here are unhappy with inadequate communication with the AMA, he agreed and seemed most anxious to improve the situation. He felt that regional meetings would help the AMA reach the membership. Dr. Hall listened with interest to complaints presented by the editors on seeking more direct contact with the AMA, without having to be dependent on reaching the AMA through the state societies. In Massachusetts at least, our representatives to the House of Delegates are elected, but in many states they are appointed, leaving much to be desired in making the AMA democratic. Dr. Hall understood and was sympathetic to this desire for better

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communication. He felt that his proposed regional conferences would be a good first step.

RESTRUCTURE OF AMA

The AMA needs to be restructured in the opinion of Dr. Hall, perhaps, by calling a constitutional convention and streamlining its governing processes. He felt that outside experts should be employed, not composed of physicians, to advise in re-organizing the AMA. A consultant firm should spend three to six months to study the AMA, sending representatives to key states to find out what is disturbing physicians. At present, very few members feel that they are part of the team, but that the AMA is run by people at the top. This situation most certainly needs correction and again he felt that regional conferences sponsored by state presidents, rather than the AMA itself, would be most helpful. We need to find out what is wrong with the AMA. We need to know how to improve the relationship of physicians to the AMA. Perhaps, we need a new look at how officers are selected. At present, pointed out Dr. Hall, any member can appear before any Reference Committee, although he would have no vote. Perhaps, we need a better mechanism for physicians to express themselves. Constructive criticism is always most welcome, and this might best be accomplished by national conferences sponsored by state presidents, operated by county societies from grass-root levels and not by the AMA itself. There is a real need to improve the representative process.

Dr. Hall proposed divorcing the House of Delegates sessions from the scientific sessions and felt that the House should meet at least three times a year. Resolutions from state societies would be brought to these meetings for consideration to better present the views of the membership to the AMA. Meanwhile, separate scientific sessions on a regional basis would be most desirable. In this connection, Dr. Hall pointed out some problems facing the organization in regard to the scientific sessions. About 80% of physicians are specialists, and there are 101 specialties listed in the AMA directory. Accordingly, exhibitors

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and many speakers are becoming more interested in the specialty societies. Thus, it often becomes necessary to pay speakers to come to the scientific sessions of the AMA and means for paying these participants must be provided.

NATIONAL HEALTH LEGISLATION

Asked his views on probable national health legislation, Dr. Hall felt that Congress would not pass any radical programs this year. Many congressmen feel that many of the proposed plans would be too costly. He felt that we desperately need coverage for catastrophic illness, and that Congress very likely would pass such legislation this year. Such catastrophic coverage would satisfy Congress for the present, and meanwhile, the medical foundation system would have time to prove itself. Conditions vary so much in different parts of the country that local foundations are in the best position to determine what is best for their own area. Blue Cross and Blue Shield would not be happy with foundations which are medically controlled and would prefer HMO type plans. However, the foundations will select insurance carriers and may or may not see fit to use the Blue plans.

Asked his views on AMPAC, Dr. Hall felt that the AMA needs a legislative arm. However, he felt that state PACs should be given more credit since it is they who do the work. AMPAC cannot be separated from the AMA which must be interested in legislation. The constitution of the AMA states that the purpose of the AMA is to further the science and art of medicine. At present, we need much more than that and we must concern ourselves with legislation.

WHO RUNS AMA

One weakness of the AMA structure, it was pointed out to Dr. Hall, was the tendency of the hired staff to run the organization rather than the officers. This is a situation which he acknowledged and termed tragic. He felt that the Board of Trustees does not meet often enough, with many of the previous six meetings per year having been eliminated. Furthermore, he felt that the House of Delegates should have longer sessions and complete its work. At present, about 30%

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of the resolutions presented for consideration are referred back to committees for further study. The House should complete its work and make decisions. Lay employees should not be making policy, but decisions should be made by physicians. There is a need to define the duties of the officers, members of the board, and staff members. The entire AMA constitution may need revision to bring it up-to-date. For this purpose, he felt that an outside organization should take a look at us and advise us. He also felt that we need more participation by more members of the House. At present, about 20 men do most of the talking. Furthermore, he felt that we need more younger men in the House of Delegates. At present, most of the delegates are over 60 years of age, and the youngest member is 42 years of age.

A UNION

Asked his opinion of a "doctors' union" as has been proposed here in Massachusetts and elsewhere, Dr. Hall answered with a definite "no". Such a union could not function anyway, because he could never envision a physician refusing to treat a sick patient because he was "on strike". Physicians would never go on strike. Furthermore, he would hate to see the AMA function as a "doctors' union" and acting as a bargaining agent. In fact, he felt that the growth of medical foundations would negate the need for such a union.

Dr. Hall concluded the interview with an expression of confidence in the AMA and the medical profession. "We have been listening to our critics too much," he said. "We have a wonderful profession and we must accentuate the positive side of what the AMA has accomplished."

Definitely not a "yes man", Dr. Hall has firm convictions on restructuring the AMA to bring the Association closer to the practicing physician, restructuring the organizational format of the Association, streamlining its governing processes, and, most important, improving our ability to care for the sick.

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MMS COUNCIL MEETING HIGHLIGHTS

The stated meeting of the Council of the MMS was held in Boston on February 9, 1972, with the meeting being called to order at 10:12 A.M. by the President, Dr. H. Thomas Ballantine, Jr. Representing the HDMS were the following Councilors: Drs. James D. Allan, Malcolm S. Allan, Augustino G. Asinas, John C. Ayres, John J. Bandeian, Maurice J. Boivin, Gardner Cox, II, Louis F. Derose, Elmer F. Franseen, Gary DeN. Hough, III, Joseph R. Kelly, Robert N. LaMarche, Paul T. Moore, Walter S. Mozden, Walton E. Stevens, and Bruce B. Stoler.

FINANCES

The meeting began on a somewhat of an emotional note when the Committee on Finance presented its explanations for the deficit spending on the budget for 1972 and its recommendations in regard thereto. The increased expenses result primarily from funding the Postgraduate Medical Institute; the broadened public relations campaign; the Arthur D. Little, Inc., Project on behalf of the Committee on Tax-Supported Medical Care; and the increased commitment to the Boston Medical Library. Coupled with no income from the New England Journal of Medicine, a deficit of over $80,000 is anticipated inspite of an increase in dues. It was pointed out that the budget could be balanced by funding each new project on a special assessment basis, by dipping into capital funds, or increasing dues. The Committee leaned to increasing dues; hence, $85.00 per year beginning 1973 was recommended and voted by the Councilors. At this point, "nit picking" on the budget began in an attempt to prune. As much time was being consumed in this process, it was voted to lay consideration of the budget on the table until other matters on the agenda affecting same were considered. When taken off the table later in the afternoon, the heat picked up from where it left off. After debate, which was emotional at times, a budget of $521,850 was voted with the PMI getting $30,000, the Arthur D. Little, Inc., Project $30,000, the Boston Medical Library $64,500 and a projected deficit of $81,392. In the wings awaiting is the funding of new statewide medical institute as being conceived by the Committee on Medical Service. With an eye to increasing income, Hampden's Dr. Paul T. Moore moved that the Committee review the Society's investment program so as to produce a

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greater income. The latter was carried.

MALPRACTICE INSURANCE

After the tabling of the budget, the rest of the morning was spent on the report and recommendations of the Committee on Professional Liability. Contending that there is a demonstrated need to obtain accurate and complete data regarding professional liability threats and claims, a resolution was introduced that effective March 1, 1972, Fellows of the MMS would be required to notify the Secretary of each and every threat or claim. This action was being recommended since a revision of the bylaws to this effect would take quite some time. It was pointed out that no disciplinary action could be taken on recalcitrants since this required a change in the bylaws. The resolution outlining the procedures to be followed was adopted.

This same committee then went on to recommend that the MMS sponsor and endorse a professional liability insurance program to be administered by Boit, Dalton, and Church, Inc., with the Argonaut Insurance Company (California) as the carrier. In response to various questions posed to a representative of the administrator, the following points were brought out:

1. Argonaut Insurance Company is based in Menlo Park, California. It is an endorsed underwriter for the Mass. Hospital Association and writes hospital malpractice insurance in 24 states. Medical malpractice insurance is written in Penn., Idaho, and Hawaii. Premium volume in the malpractice area is $35 million. The company has about $80 million of policy holders surplus and over $250 million of premium writings. It has been in the hospital malpractice field since the early 1950's and with medical societies for 3 years. Joint hospital and medical society coverage is sought because 80% of claims result in activities in hospitals, legal expenses can be cut, and there is a larger premium volume.

2. No mandatory number or percentage of membership is required to participate in the plan.

3. A MMS Professional Liability Commission would be created which would adjudicate applicant rejections,

contract cancellations, surcharges, and claim settlements against a physician's consent.

4. Initial rates would be based on the Insurance Rating Bureau's six classifications – according to specialty.

5. All Argonaut statistics including premiums, losses, and for rating purposes will be available to the MMS Commission.

6. Premium savings are not to be anticipated, but the program does guarantee 5 years of underwriting of all applications and without cancellation unless approved by the MMS Commission. On the basis of experience and participation, dividends or reductions may or may not accrue.

After considerable questioning, the Council finally voted to sponsor and endorse the program.

OTHER ACTIONS

After a break for luncheon, Dr. Ballantine reconvened the meeting by reporting on various problems facing Mass. physicians. First he commented on the ever-growing governmental intrusion into the practice of medicine via statutes and regulations. As examples, he gave the Mass. Dept. of Public Health's regulations pertaining to radio-therapy and diagnostic radiology, the pronunciomentos on the prescription of drugs, and finally the omnibus statute declaring that it is unlawful to discriminate against those receiving public assistance – unlawful to refuse to take care of Medicaid patients. He decried the throwing of brickbats at physicians by so-called "friends" and called for greater involvement in public relations and politics on the part of physicians. He spoke of the various problems associated with Blue Shield. He called for the vitiation of the Sections in the MMS with greater cooperation and joint activity with specialty societies.

Upon recommendation of the Committee on National and State Legislation, the Council adopted a resolution that the MMS supports the concept of catastrophic illness health insurance coverage programs administered by the state or federal government. Likewise the Council voted to oppose the following bills before the current state legislature: H 1422 (Instructs the Secretary of Human Services to formulate plans for contracting with third party insuring agents for the delivery of health care to welfare recipients. This contains seeds of the prepaid capitation scheme which would be a threat to private practice.) and H 499 (To establish a Board for the Certification of Physician Assistants. The MMS is opposed at the present time to the licensing of further paraprofessionals for a variety of reasons and the composition of such Boards.) For the rest of the Committee's report as accepted, read the February 1972 issue of *The Hampden Hippocrat.*

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The Council voted to establish a Section on Neurological Surgery and to change the name of the Section on Physiology and Pathology to the Section on Pathology.

The Committee on Area Health Planning recommended that more practicing physicians be included on the advisory committee to the State's Comprehensive Health Planning Council and likewise on the governing bodies of regional health planning agencies. This was carried.

Two resolutions pertaining to Blue Shield were considered. This first requested the Executive Committee to give back to the Council of the MMS the power of approving the bylaws of Blue Shield. After considerable discussion pointing out that the Executive Committee was currently engaged in efforts to change the said bylaws, the resolution was referred to this Committee. The second resolution, as introduced by the Suffolk District called for the Voting Members of Blue Shield (the Executive Committee) to proceed at once to restore a more cooperative balance between Blue Shield and its participating physicians by whatever means required. Specifically, the Voting Members are to negotiate a new and more equitable participating physician's agreement, have Blue Shield pay subscribers for services of nonparticipating physicians, and to require that payments to physicians be in accordance with the Mass. Relative Value Study with conversion factors determined by appropriate committees of the MMS under guidelines approved by the Council. This resolution was adopted.

A resolution from the Committee on Ethics and Discipline making it unethical to participate in any medical service plan including chiropracters as participating providers was also adopted.

The Council meeting was adjourned at 6:05 P.M.

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HIGHLIGHTS OF THE FEBRUARY EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday evening, Feb. 15, 1972, in the Conference Room of HDMS. Dr. Bandeian called the meeting to order at 8:15 P.M. Present were Drs. Bandeian, Zacarian, LaMarche, Turner, Moore, Gilchriest, Cummings and Mrs. Purdy.

The minutes of the January meeting were read and approved as read.

As Dr. LaMarche had to leave early to attend another meeting, Dr. Bandeian asked him to give a report, as listed on the agenda under Old Business, on the status of the Foundation for Medical Care. Dr. LaMarche announced that the membership had voted at the District Meeting on February 1, 1972 to approve the Foundation for Medical Care for Hampden District. On Thursday evening, February 17th the Committee will meet to start drawing up the Charter and bylaws for the Foundation. He also announced that Dr. Fine from Blue Shield would attend the next meeting to be held on Monday evening the 28th. Dr. Bandeian read nine suggestions made at the Council meeting to improve relationship between the Blue Shield and the MMS.

Dr. LaMarche reported on his meeting of the Valley Advisory Board of WMHPC, Inc. The subject of Mercy Hospital and its future was discussed at great length. Since WMHPC, Inc., had written asking for an opinion of HDMS, an answer will be sent supporting Mercy Hospital and its building plans.

CORRESPONDENCE

The Greater Springfield Citizens for Better Dental Health asked if the local physicians would inform them if any physiological illness being diagnosed or treated can be attributed to, or influenced by the drinking of fluoridated water. This was a result of many "letters

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to the editor" in the newspapers telling of ills directly attributed to fluoridation of water. They also asked if HDMS would lend their name to a series of newspaper articles planned by the Valley Dental Society on Fluoridation. The Committee agreed to this.

A letter from Dr. Allan stating that the new General Relief Law "requires a doctor of medicine to certify the necessity for dental care is absurd and a needless burden to taxpayers of the Commonwealth" was read and referred to the Tax Supported Medical Care Committee.

An informational letter from a pharmacy was read. It stressed that no telephone prescriptions shall be accepted from now on.

A letter on third party payments was referred to the MMS Committee on Tax Supported Medical Care.

OLD BUSINESS

The law requiring physicians to sign death certificates as a complaint registered by a local Nursing Home was obtained. A notice that physicians must proclaim their patients deceased and sign the death certificates will be sent in the next *Newsletter.*

The meeting was adjourned at 10:00 P.M.

The Grievance Committee met and heard two cases and two cases were referred to the Peer Review Committee.

The meeting was adjourned at 10:30 P.M.

FLUORIDATION NEWS

The Massachusetts Department of Public Health will soon be mailing bulletin board posters and handout material concerning fluoridation to all physicians in the greater Springfield area. This is being done at the request of the Greater Springfield Citizens for Better Dental Health, who solicit your cooperation in:

1. Displaying the posters where your patients will see them;
2. Making the hand-out material available for those interested;
3. Answering questions about water fluoridation, or referring them to the Valley Dental Society;
4. Teaching patients about, and encouraging them to support, water fluoridation.

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In order to insure the widest possible participation in the H.D.M.S.'s affairs, I am hereby inviting and urging members who have a particular interest to name the committee on which they would like to serve. Needless to say, the effectiveness of a committee is in direct proportion to the interest and concern of its members.

In the forepart of the *Hippocrat* is a complete listing of the Society's committees. Simply by dropping a note or calling the H.D.M.S. office at 1414 State St., Springfield, Mass. 01109, your interest and preference will be given most serious consideration for appointment. Moreover, you will be rendering a distinct service to your profession, your community, and your Society.

Committee work is the heart of any organization. I urge you to let us know where you wish to apply your talents and energies.

Robert N. LaMarche M.D.

Robert N. LaMarche, M.D.
Vice President and President-Elect

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